



FIRST THINGS FIRST

AZ Early Childhood Development and Health Board

CONFLICT OF INTEREST FORM

DISCLOSURE STATEMENT CONCERNING CONFLICTS OF INTEREST

I, _____, (type or print name) an employee/Board Member/Regional Partnership Council Member, of the Arizona Early Childhood Development and Health Board, acknowledge having read A.R.S §8-1191 (c) and A.R.S §38-501 through §38-510, inclusive, concerning conflicts of interest of public officers, employees, Board members and Council members do affirm, by my signature below, my understanding that I have a continuing responsibility to observe and apply the provisions of these laws.

In fulfillment of the requirements of A.R.S §8-1191 (c) and A.R.S §38-503, I have listed on the disclosure statement all ownerships, employments, public and private affiliations and relationships held by me or my relatives (as defined in A.R.S §38-502) which may cause me or my relatives to have a substantial interest in any contract, sales, purchase or service involving this agency or in any decision of this agency. I understand that as my interests and affairs and the interests and affairs of my relatives change, I may need to modify this statement.

I also understand that I may not participate in any way as an employee/Board Member/Regional Partnership Council Member of the agency on any matter or decision in which I, or any of my relatives, have a substantial interest.

I also understand that my relatives and I may not contract to supply any goods or services to the agency, except after successful competitive public bidding.

If I am or become an officer or employee of more than one public agency, I will not apply for reimbursement of travel or other expenses from more than one such agency.

Dated this _____ day of _____, 20_____.

Signature _____